1040		5. Individual Income Tax Re	//// \\# \# \	(99) IRS Use 0	nly—Do no	ot write or s	staple in this space.			
	For th	ne year Jan. 1-Dec. 31, 2000, or other tax year	ar beginning	, 2000, ending		, 20	OMB No. 1545-	-0074		
Label (Yo	ur first name and initial	Last name			Your social security number				
(See										
instructions on page 19.)	l If a	joint return, spouse's first name and initial Last name				Spouse's social security number				
Use the IRS										
label.	Ho	me address (number and street). If you have	P.O. box, see page 19. Apt. no.			▲ Important! ▲				
Otherwise, please print	, 						You must enter			
or type.		City, town or post office, state, and ZIP code. If you have a foreign address, see page 19.					your SSN(s) above.			
Presidential \						You	Spouse	Δ		
Election Campaio	gn	Note. Checking "Yes" will not change			_	_		_		
(See page 19.)	<u> </u>	Do you, or your spouse if filing a joint	return, want \$3 to go to	o this fund?	. 🏲	Yes	□No □Yes	NC		
Filing Status	1	Single								
Tilling Status	_	Married filing joint return (even								
	3	Married filing separate return. Enter spouse's social security no. above and full name here. ► Head of household (with qualifying person). (See page 19.) If the qualifying person is a child but not your dependent,								
Check only one box.	4	enter this child's name here.		19.) If the qualifying	person is	a chiid b	out not your deper	naent		
one box.	5	Qualifying widow(er) with depe		se died ▶).	(See pag	ae 19.)				
	6a	Yourself. If your parent (or someo					No. of boxes			
Exemptions		return, do not check bo		•		}	checked on			
•	b	☐ Spouse				<u></u> J	6a and 6b No. of your			
	С	Dependents:	(2) Dependent's	(3) Dependent's relationship to	(4) √ if qua child for chi	ilitying	children on 6c			
		(1) First name Last name	social security number	you	credit (see pa		who: • lived with you _			
If we are the second							• did not live with			
If more than six dependents,							you due to divorce or separation			
see page 20.							(see page 20)			
					<u> </u>		Dependents on 6c not entered above _			
					<u> </u>		Add numbers	_		
	لہ	Total number of exemptions eleimed	<u> </u>				entered on			
	d	Total number of exemptions claimed	(),,,,			7	lines above ▶ -	\equiv		
Income	7	Wages, salaries, tips, etc. Attach Form	* *			8a				
	8a	Taxable interest. Attach Schedule B if	· ·	8b	· ·					
Attach Forms W-2 and	b 9	Tax-exempt interest. Do not include of Ordinary dividends. Attach Schedule E	on mio od			9				
W-2G here.	10	Taxable refunds, credits, or offsets of	10							
Also attach Form(s) 1099-R	11	Alimony received	-)	11						
if tax was	12	Business income or (loss). Attach Scho		12						
withheld.	13	Capital gain or (loss). Attach Schedule	13							
	14	Other gains or (losses). Attach Form 4		14						
If you did not	15a	Total IRA distributions . 15a		axable amount (see p	age 23)	15b				
get a W-2,	16a	Total pensions and annuities 16a	b Ta	axable amount (see p	age 23)	16b				
see page 21.	17	Rental real estate, royalties, partnership	ps, S corporations, trust	ts, etc. Attach Sche	dule E	17				
Enclose, but do	18	Farm income or (loss). Attach Schedul	le F			18				
not attach, any payment. Also,	19					19				
please use	20a	Secial cocamity periodice .		axable amount (see p	•	20b		-		
Form 1040-V.	21 22	Other income. List type and amount (s Add the amounts in the far right column				21	-			
				23	onie 🕨	22		\vdash		
Adjusted	23	IRA deduction (see page 27)		24						
Gross	24 25	Student loan interest deduction (see p	, ago 2,,	25				1		
Income	25 26	Medical savings account deduction. A Moving expenses. Attach Form 3903		*/////		1				
mcome	20 27	One-half of self-employment tax. Attac		26				1		
	28	Self-employed health insurance deduc	28				1			
	29	Self-employed SEP, SIMPLE, and qua	29				1			
	30	Penalty on early withdrawal of savings		30				1		
	31a	Alimony paid b Recipient's SSN ▶		31a				1		
	32	Add lines 23 through 31a	32							
	33	Subtract line 32 from line 22. This is v	our adjusted gross inc	come	•	33		1		

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Form 1040 (2000))			Page 2
Tav. and	34	Amount from line 33 (adjusted gross income)		34
Tax and	35a	Check if: ☐ You were 65 or older, ☐ Blind; ☐ Spouse was 65 or older, ☐ Bl		
Credits		Add the number of boxes checked above and enter the total here > 3		
	b	If you are married filing separately and your spouse itemizes deductions, or	_	
Standard	ſ	you were a dual-status alien, see page 31 and check here ▶ 3		
Deduction	36	Enter your itemized deductions from Schedule A, line 28, or standard deduction		
for Most People		on the left. But see page 31 to find your standard deduction if you checked any boline 35a or 35b or if someone can claim you as a dependent	36	
Single:	37	Subtract line 36 from line 34		37
\$4,400	38	If line 34 is \$96,700 or less, multiply \$2,800 by the total number of exemptions clai	mod on	
Head of	30	line 6d. If line 34 is over \$96,700, see the worksheet on page 32 for the amount to		38
household: \$6,450	39	Taxable income. Subtract line 38 from line 37. If line 38 is more than line 37, enter		39
Married filing	40	Tax (see page 32). Check if any tax is from a \square Form(s) 8814 b \square Form 4972		40
jointly or	41	Alternative minimum tax. Attach Form 6251		41
Qualifying widow(er):	42	Add lines 40 and 41		42
\$7,350	43	Foreign tax credit. Attach Form 1116 if required		
Married filing	44	Credit for child and dependent care expenses. Attach Form 2441		
separately:	45	Credit for the elderly or the disabled. Attach Schedule R 45		
\$3,675		Education credits. Attach Form 8863		
	√ 46	Education credits. Attach Form 6003		
	47	offind tax credit (see page 50)		
	48	Adoption credit. Attach Form 8839		
	49	c ☐ Form 8801 d ☐ Form (specify)		
	50	Add lines 43 through 49. These are your total credits	l	50
	51	Subtract line 50 from line 42. If line 50 is more than line 42, enter -0		51
	52	Self-employment tax. Attach Schedule SE		52
Other	53	Social security and Medicare tax on tip income not reported to employer. Attach For		53
Taxes	54	Tax on IRAs, other retirement plans, and MSAs. Attach Form 5329 if required .		54
	55	Advance earned income credit payments from Form(s) W-2		55
	56	Household employment taxes. Attach Schedule H		56
	57	Add lines 51 through 56. This is your total tax		57
Payments	58	Federal income tax withheld from Forms W-2 and 1099 58		
	59	2000 estimated tax payments and amount applied from 1999 return 59		
If you have a	60a	Earned income credit (EIC)		
qualifying child, attach	b	Nontaxable earned income: amount ▶		
Schedule EIC.		and type ▶		
	61	Excess social security and RRTA tax withheld (see page 50) 61		
	62	Additional child tax credit. Attach Form 8812 62		
	63	Amount paid with request for extension to file (see page 50) 63		
	64	Other payments. Check if from a \square Form 2439 b \square Form 4136		
	65		▶	65
Refund	66	If line 65 is more than line 57, subtract line 57 from line 65. This is the amount you or	verpaid	66
	67a	Amount of line 66 you want refunded to you	▶	67a
Have it directly				
deposited!	▶ b	Routing number	Savings	
See page 50 and fill in 67b,	▶ d	Account number		
67c, and 67d.	68	Amount of line 66 you want applied to your 2001 estimated tax . ▶ 68		
Amount	69	If line 57 is more than line 65, subtract line 65 from line 57. This is the amount yo	ou owe.	
You Owe		For details on how to pay, see page 51	▶	69
	70	Estimated tax penalty. Also include on line 69 70		
Sign		r penalties of perjury, I declare that I have examined this return and accompanying schedules and st , they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all in		
Here			ne number	
Joint return?	10	an signature	ayınıc pilo	no namboi
See page 19. Keep a copy	<u> </u>)	
for your	Spi		-	scuss this return with the preparer see page 52)? Yes No
records.	,	Nata Data	iowii below (see page 52)?
Paid	Prepa signa	Check if		Freparer 3 33N OF PTIN
Preparer's	oloyed IN	1		
Use Only	()			
	addre	ess, and ZIP code P	hone no.	Form 1040 (2000)